

PART I LOBBYIST

NAME(Last)

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

(First)





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TATE ETHOS COMMISSION

TELEPHONE

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

(Middle)

Botti	Richard	C.	808-533-6750	
MAILING ADDRESS (Street)			FAX	
677 Ala Moana Blvd. Suite 81	15		599-2606	
(City)	(State)	(Zip (Code)	
Honolulu,	968	96813		
EMPLOYING ORGANIZATION (Fill in only if	you are employed by a business en	tity which has been retained to lobby)	TELEPHONE	
LEGISLATIVE INFORMATION	533-6750			
MAILING ADDRESS (Street)			FAX	
677 Ala Moana Blvd. Suite 81	15		599-2606	
(City)	(State)		Code)	
Honolulu,	Hawaii	960	B13	
PART II ORGANIZATION				
RETAIL LIQUOR DEALERS	ASSOCIATION (RLD)			
MAILING ADDRESS (Street)			FAX 599-2606	
677 Ala Moana Blvd. Suite 8	15			
(City)	(State)		Code)	
Honolulu,	Hawaii	9681	3	
NAME OF PERSON RESPONSIBLE FOR PE	REPARING ORGANIZATION'S F	(PENDITURES STATEMENT	TELEPHONE 533-6750	
	AND ASSESSMENT ASSESSMENT OF THE	AND	IELEPHONE OUT-OF OU	
Richard C. Botti				
MAILING ADDRESS (Street) 677 Ala Moana Blvd. Suite 8	15		FAX 599-2606	
(City)	(State)	(Zip	Code)	
Honolulu,	Hawaii	968	13	

X]	Agriculture	[X]	Education	[X]	Human Services	[X]	Science, Technology &
[X]	Communications & Public Utilities	[X]	Government Operations & Finance	[X]	Intergovernmental Relations	, [X]	Economic Developmer Tourism & Recreation
[X]	Consumer Protection	[]	Hawaiian Affairs	[X]	International Affairs Labor & Employment	rvi	Transportation
. 1	& Commerce Culture, Arts, Historic	[X]	Health		·	[X]	Transportation
-	Preservation	[]	Housing	[X]	Planning, Land & Water Use Management	[]	Other: (indicate below)
[X]	Ecology, Energy Environmental Protection	. ,	riousnig	[X]	Public Safety & Corrections		

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'AR'	I hereby certify that the	e infon	mation fumished above (Signature of Lobbyist)	TIT			(Date)
PAR IAME	T V AUTHORIZATI	ON TO	(Signature of Lobbyist)	TIT	LE OF AUTHORIZING OFF		(Date) PERSON REPRESENT
PAR' NAME RICH	T V AUTHORIZATION (if a	ON TO	(Signature of Lobbyist)	TIT	LE OF AUTHORIZING OFF	CER OR	(Date) PERSON REPRESENT
PARTIAME Rich	T V AUTHORIZATION (if a	ON TO	(Signature of Lobbyist)	TIT	LE OF AUTHORIZING OFF	CER OR	(Date) PERSON REPRESENT
PAR' NAME RICH NAME RET	T V AUTHORIZATION ard C. Botti OF ORGANIZATION (if a)	ON TO	(Signature of Lobbyist) LOBBY SSOCIATION (RLD	TIT	LE OF AUTHORIZING OFF	CER OR	(Date) PERSON REPRESENT ONE 50
PAR' NAME RICH NAME NAME NAME NAME NAME NAME NAME NAME	T V AUTHORIZATION ard C. Botti OF ORGANIZATION (if all AIL LIQUOR DEALI NG ADDRESS (Street)	ON TO	(Signature of Lobbyist) LOBBY SSOCIATION (RLD	TIT	LE OF AUTHORIZING OFF	TELEPHO 533-67 FAX 599-26	(Date) PERSON REPRESENT

(Signature of Authorizing Officer or Person Represented)

1-4-03 (Date)